

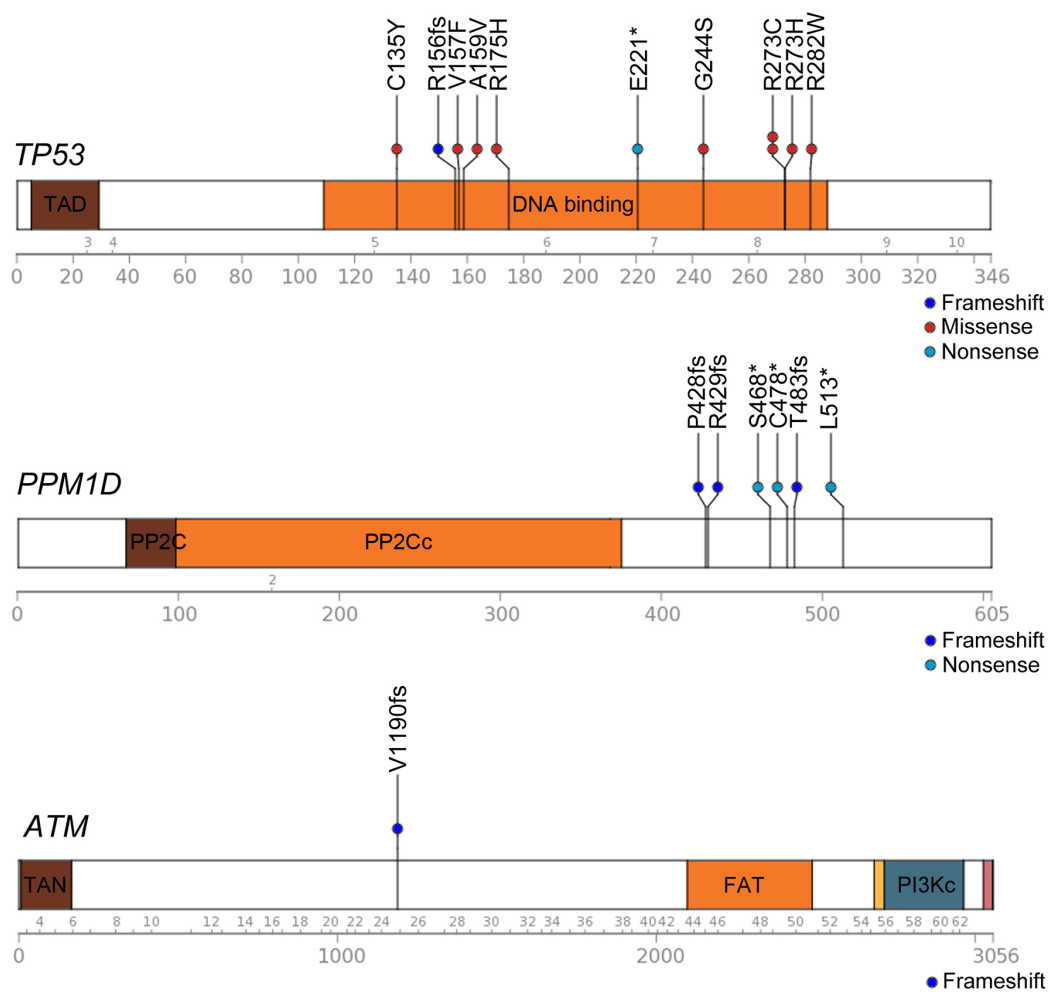
Recurrent activating *ACVR1* mutations in diffuse intrinsic pontine glioma

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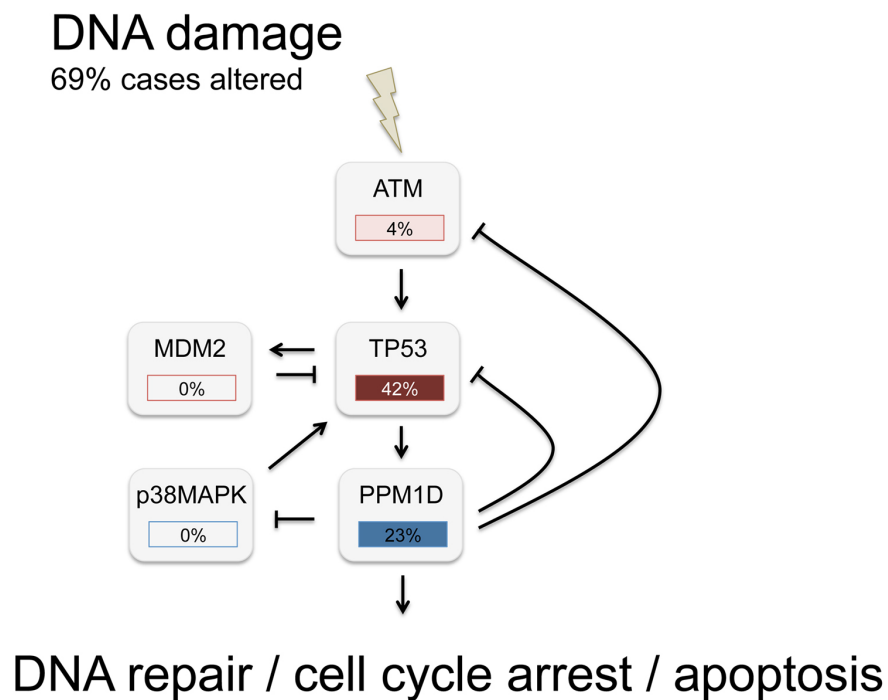
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Supplementary Figures 1-7

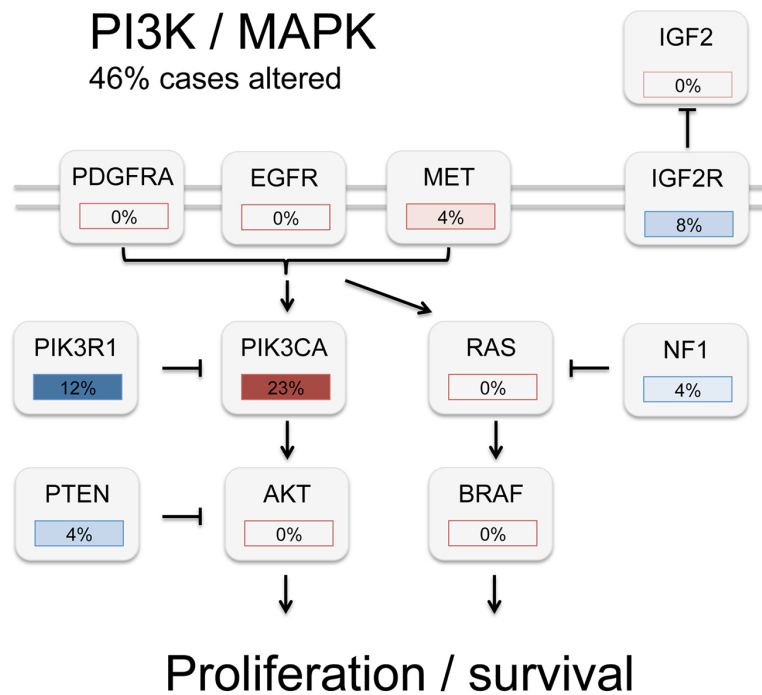
Supplementary Tables 2-4



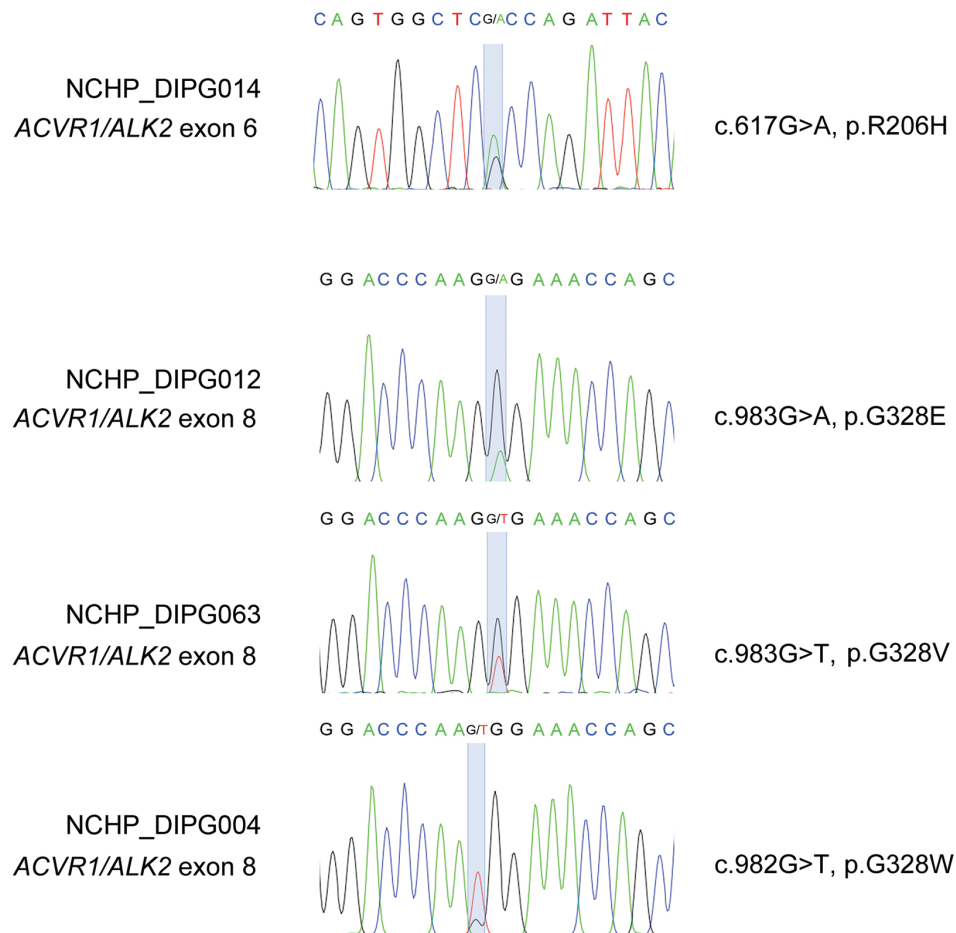
Supplementary Figure 1 – Somatic mutations in *TP53*, *PPM1D* and *ATM* in DIPG. Cartoon showing recurrent and non-overlapping missense and frameshift mutations in *TP53* (11/26, 42%), *PPM1D* (6/26, 23%) and *ATM* (1/26, 4%), overlaid with functional protein domains and exon boundaries. TAD: p53 transactivation motif; DNA binding: p53 DNA-binding domain; PP2C: protein phosphatase 2C domain; PP2Cc: Serine/threonine phosphatase, family 2C, catalytic domain. TAN: telomere length maintenance and DNA damage repair domain; FAT: FRAP, ATM and TRRAP associated domain; PI3Kc: phosphoinositide 3-kinase class I catalytic domain.



Supplementary Figure 2 – Pathway-level recurrence of somatic alterations involved in DNA damage response. Cartoon representing the frequency of distinct non-overlapping hits in intracellular components of ATM/p53-mediated DNA damage and stress response signalling. Bars are coloured according to frequency of alterations in the present cohort: red=gain of function, blue=loss of function. In total, 18/26 (69%) cases harboured alteration at some point in the pathway which would be predicted to be activating.



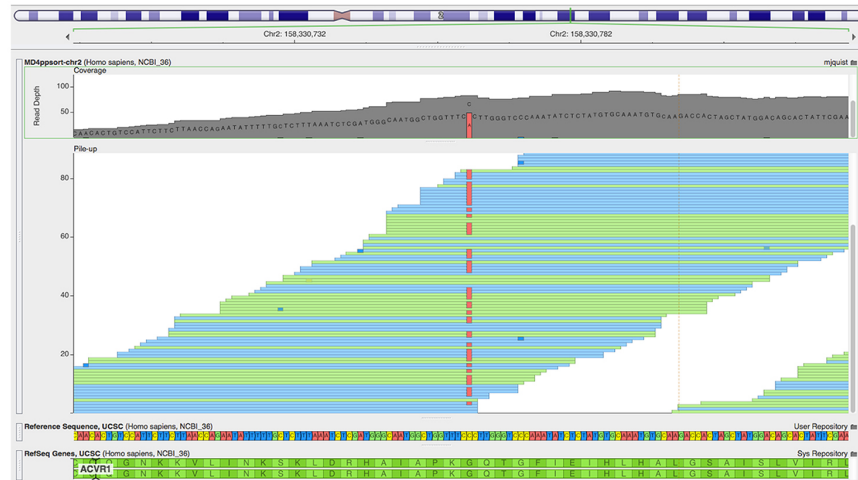
Supplementary Figure 4 – *Pathway-level recurrence of somatic alterations involved in RTK / PI3K / MAPK signalling.* Cartoon representing the frequency of distinct non-overlapping hits in intracellular components of PI3K/MAPK pathway signalling, as well as amplifications of receptor tyrosine kinases, in DIPG. Bars are coloured according to frequency of alterations in the present cohort: red=gain of function, blue=loss of function. IGF2R binds IGF2 ligand preventing signalling through IGF1R/PI3K, and is found to have a somatic missense K162R and D1830E mutations. In total, 12/26 (46%) cases harboured alteration at some point in the pathway which would be predicted to be activating.



Supplementary Figure 5 – Sanger sequencing validation of ACVR1/ALK2 mutations in an extended cohort of DIPG. Sequence traces of heterozygous mutations in the activin A type I receptor (ACVR1/ALK2) observed in a series of 50 DIPG, including (a) c.617G>A, R206H; (b) c.983G>A, p.G328E; (c) c.983G>T, p.G328V; (d) c.982G>T, p.G328W. All are reported to be constitutively activating of the BMP/TGF- β signalling pathway in models of fibrodysplasia ossificans progressiva.

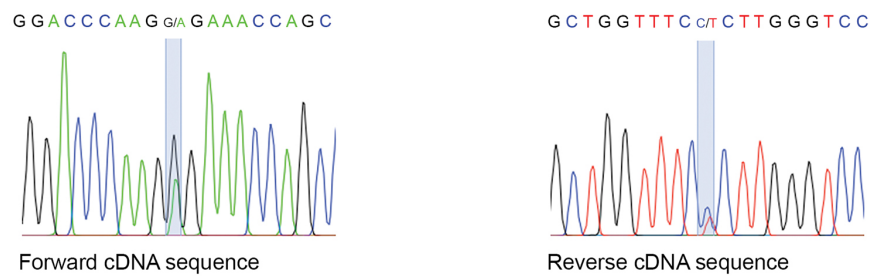
a

SU-DIPG-IV

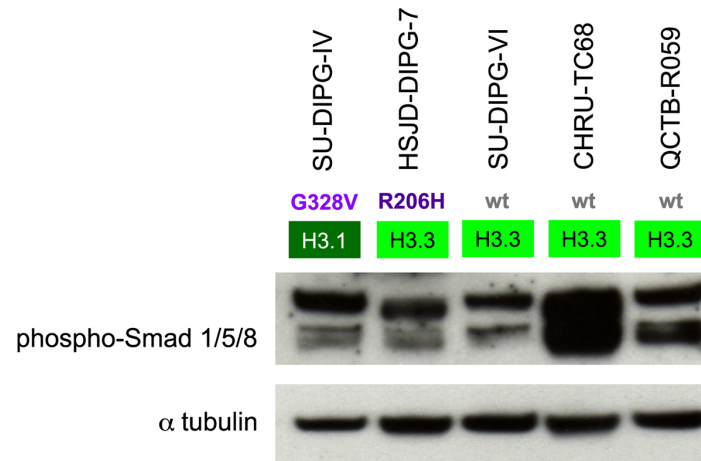


b

NCHP_DIPG011



Supplementary Figure 6 – Allele-specific expression of ACVR1/ALK2 mutation. (a) Pile-up of sequence reads from RNAseq data of SU-DIPG-IV cells, showing expression of both the wild-type and mutant alleles at position chr2:158330762, with 49/83 reads harbouring the C>A (c.983G>T) mutation (red) corresponding to ACVR1/ALK2 p.G328V. (b) Sanger sequencing of an ACVR1/ALK2 exon 8 RT-PCR product from DIPG patient sample NCHP_DIPG011, showing heterozygous expression of the mutant p.G328E allele (c.983G>A), forward and reverse.



Supplementary Figure 7 – Basal levels of phospho-Smad 1/5/8 in DIPG cells. Western blot analysis of phospho-Smad 1/5/8 (lower band) in SU-DIPG-IV (DIPG, *ACVR1/ALK2* G328V, *HIST1H3B* K27M), HSJD-DIPG007 (DIPG, *ACVR1/ALK2* R206H, *H3F3A* K27M), SU-DIPG-VI (DIPG, *ACVR1/ALK2* wt, *H3F3A* K27M), CHRU-TC68 (DIPG, *ACVR1/ALK2* wt, *H3F3A* K27M) and QCTB-R059 (thalamic paediatric GBM, *ACVR1/ALK2* wt, *H3F3A* K27M). α -tubulin is included as a loading control.

| Study ID | Local ID | Hospital | Clinical diagnosis | Location | Age (yrs) | Sex | Histology | WHO | Source | Survival (months) | Outcome | Seq | Histone H3 | ACVR1 |
|--------------|----------|----------------------------------|--------------------|----------|-----------|--------|-----------|-----|--------|-------------------|---------|-----|------------|-------|
| NCHP_DIPG006 | BAUK | Necker Childrens Hospital, Paris | DIPG | Pons | 6.3 | Male | GBM | 4 | Biopsy | 8.3 | Died | WGS | H3F3A | wt |
| NCHP_DIPG011 | BOUC | Necker Childrens Hospital, Paris | DIPG | Pons | 4.8 | Female | AA | 3 | Biopsy | 20.0 | Died | WGS | HIST1H3B | G328E |
| NCHP_DIPG052 | INAR | Necker Childrens Hospital, Paris | DIPG | Pons | 4.6 | Male | AA | 3 | Biopsy | 10.2 | Died | WGS | HIST1H3B | G328V |
| NCHP_DIPG061 | MAHJ | Necker Childrens Hospital, Paris | DIPG | Pons | 11.9 | Female | LGA | 2 | Biopsy | 5.0 | Died | WGS | H3F3A | wt |
| NCHP_DIPG065 | MJAY | Necker Childrens Hospital, Paris | DIPG | Pons | 10.2 | Male | GBM | 4 | Biopsy | 16.8 | Died | WGS | H3F3A | wt |
| NCHP_DIPG081 | RUSL | Necker Childrens Hospital, Paris | DIPG | Pons | 6.7 | Male | GBM | 4 | Biopsy | 16.8 | Died | WGS | H3F3A | wt |
| NCHP_DIPG101 | BAMN | Necker Childrens Hospital, Paris | DIPG | Pons | 3.9 | Female | GBM | 4 | Biopsy | 13.1 | Died | WGS | H3F3A | wt |
| NCHP_DIPG102 | BENM | Necker Childrens Hospital, Paris | DIPG | Pons | 10.3 | Male | AOA | 3 | Biopsy | 3.4 | Died | WGS | H3F3A | wt |
| NCHP_DIPG103 | DANA | Necker Childrens Hospital, Paris | DIPG | Pons | 5.8 | Female | GBM | 4 | Biopsy | 17.5 | Alive | WGS | HIST1H3B | wt |
| NCHP_DIPG104 | DUJJ | Necker Childrens Hospital, Paris | DIPG | Pons | 4.4 | Male | LGA | 2 | Biopsy | 9.1 | Died | WGS | wt | wt |
| NCHP_DIPG105 | GIBG | Necker Childrens Hospital, Paris | DIPG | Pons | 6.6 | Female | LGA | 2 | Biopsy | 7.8 | Died | WGS | H3F3A | wt |
| NCHP_DIPG106 | HENJ | Necker Childrens Hospital, Paris | DIPG | Pons | 12.1 | Male | GBM | 4 | Biopsy | 9.1 | Died | WGS | wt | wt |
| NCHP_DIPG107 | LACL | Necker Childrens Hospital, Paris | DIPG | Pons | 8.8 | Male | AA | 3 | Biopsy | 8.4 | Died | WGS | H3F3A | wt |
| NCHP_DIPG108 | LEMN | Necker Childrens Hospital, Paris | DIPG | Pons | 7.5 | Male | AA | 3 | Biopsy | 17.8 | Alive | WGS | HIST1H3B | G328V |
| NCHP_DIPG109 | MUCM | Necker Childrens Hospital, Paris | DIPG | Pons | 6.2 | Male | AOA | 3 | Biopsy | 13.5 | Died | WGS | H3F3A | wt |
| NCHP_DIPG110 | PHIA | Necker Childrens Hospital, Paris | DIPG | Pons | 5.7 | Male | LGA | 2 | Biopsy | 10.8 | Died | WGS | wt | wt |
| NCHP_DIPG111 | SCHL | Necker Childrens Hospital, Paris | DIPG | Pons | 10.6 | Female | AOA | 3 | Biopsy | 8.6 | Died | WGS | H3F3A | wt |
| NCHP_DIPG112 | ZERR | Necker Childrens Hospital, Paris | DIPG | Pons | 5.6 | Female | LGA | 2 | Biopsy | 13.3 | Died | WGS | H3F3A | wt |
| NCHP_DIPG113 | BLAG | Necker Childrens Hospital, Paris | DIPG | Pons | 4.6 | Male | AA | 3 | Biopsy | 14.0 | Died | WGS | HIST1H3B | G356D |
| NCHP_DIPG114 | GONJ | Necker Childrens Hospital, Paris | DIPG | Pons | 8.6 | Male | LGA | 2 | Biopsy | 20.3 | Died | WGS | HIST1H3B | wt |

| | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------------------|------|------|------|--------|-----|---|---------|------|-------|-----|----------|-------|
| HSJD_DIPG001 | N06.48 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 6.0 | Female | AA | 3 | Autopsy | 11.0 | Died | WES | H3F3A | wt |
| HSJD_DIPG002 | N07.92 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 6.0 | Female | AA | 3 | Autopsy | 15.1 | Died | WES | HIST1H3B | R258G |
| HSJD_DIPG003 | N08.55 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 6.0 | Male | GBM | 4 | Autopsy | 6.6 | Died | WES | H3F3A | wt |
| HSJD_DIPG004 | N11.49 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 10.0 | Female | LGA | 2 | Autopsy | 35.3 | Died | WES | HIST1H3B | G328E |
| HSJD_DIPG007 | N12.32 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 9.9 | Male | GBM | 4 | Biopsy | 0.9 | Died | WES | H3F3A | R206H |
| HSJD_DIPG008 | HSJD-DIPG-8 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 6.5 | Male | LGA | 2 | Autopsy | 16.0 | Died | WES | H3F3A | wt |
| NCHP_DIPG004 | ADOM | Necker Childrens Hospital, Paris | DIPG | Pons | 8.0 | Female | LGA | 3 | Biopsy | 26.0 | Died | VAL | HIST1H3B | G328W |
| NCHP_DIPG008 | BERG | Necker Childrens Hospital, Paris | DIPG | Pons | 4.7 | Male | AA | 3 | Biopsy | 8.9 | Died | VAL | H3F3A | wt |
| NCHP_DIPG012 | BOUL | Necker Childrens Hospital, Paris | DIPG | Pons | 4.5 | Female | GBM | 4 | Biopsy | 14.2 | Died | VAL | HIST1H3B | G328V |
| NCHP_DIPG013 | BOUM | Necker Childrens Hospital, Paris | DIPG | Pons | 7.3 | Female | AA | 3 | Biopsy | 5.7 | Died | VAL | H3F3A | wt |
| NCHP_DIPG014 | BOUS | Necker Childrens Hospital, Paris | DIPG | Pons | 6.2 | Female | AA | 3 | Biopsy | 1.2 | Alive | VAL | wt | R206H |
| NCHP_DIPG025 | CORC | Necker Childrens Hospital, Paris | DIPG | Pons | 4.6 | Male | AA | 3 | Biopsy | 11.3 | Died | VAL | H3F3A | wt |
| NCHP_DIPG026 | CREA | Necker Childrens Hospital, Paris | DIPG | Pons | 7.1 | Male | LGA | 2 | Biopsy | 12.3 | Died | VAL | H3F3A | wt |
| NCHP_DIPG029 | DECC | Necker Childrens Hospital, Paris | DIPG | Pons | 3.4 | Female | AA | 3 | Biopsy | 14.1 | Died | VAL | H3F3A | wt |
| NCHP_DIPG030 | DECS | Necker Childrens Hospital, Paris | DIPG | Pons | 13.6 | Male | AA | 3 | Biopsy | 9.3 | Died | VAL | wt | wt |
| NCHP_DIPG032 | DELT | Necker Childrens Hospital, Paris | DIPG | Pons | 12.1 | Male | AA | 3 | Biopsy | 16.8 | Died | VAL | H3F3A | wt |
| NCHP_DIPG043 | GALC | Necker Childrens Hospital, Paris | DIPG | Pons | 9.2 | Male | AA | 3 | Biopsy | 3.8 | Died | VAL | wt | wt |
| NCHP_DIPG044 | GALF | Necker Childrens Hospital, Paris | DIPG | Pons | 9.4 | Female | AA | 3 | Biopsy | 8.3 | Died | VAL | H3F3A | wt |
| NCHP_DIPG048 | GVEE | Necker Childrens Hospital, Paris | DIPG | Pons | 6.4 | Female | AA | 3 | Biopsy | 7.3 | Died | VAL | HIST1H3B | wt |
| NCHP_DIPG050 | HADZ | Necker Childrens Hospital, Paris | DIPG | Pons | 6.5 | Male | AA | 3 | Biopsy | 7.2 | Died | VAL | H3F3A | wt |
| NCHP_DIPG056 | LEFL | Necker Childrens Hospital, Paris | DIPG | Pons | 11.0 | Male | AA | 3 | Biopsy | 17.7 | Died | VAL | H3F3A | wt |

| | | | | | | | | | | | | | | |
|--------------|------|----------------------------------|------|------|------|--------|-----|---|--------|------|------|-----|----------|-------|
| NCHP_DIPG062 | MAKM | Necker Childrens Hospital, Paris | DIPG | Pons | 10.8 | Male | AA | 3 | Biopsy | 12.3 | Died | VAL | H3F3A | wt |
| NCHP_DIPG063 | MAUM | Necker Childrens Hospital, Paris | DIPG | Pons | 5.3 | Female | GBM | 4 | Biopsy | 14.9 | Died | VAL | HIST1H3B | G328E |
| NCHP_DIPG069 | NALF | Necker Childrens Hospital, Paris | DIPG | Pons | 6.8 | Female | GBM | 4 | Biopsy | 6.0 | Died | VAL | H3F3A | wt |
| NCHP_DIPG072 | PAIC | Necker Childrens Hospital, Paris | DIPG | Pons | 13.5 | Female | GBM | 4 | Biopsy | 10.9 | Died | VAL | H3F3A | wt |
| NCHP_DIPG075 | POIJ | Necker Childrens Hospital, Paris | DIPG | Pons | 4.5 | Female | GBM | 4 | Biopsy | 20.4 | Died | VAL | HIST1H3B | wt |
| NCHP_DIPG077 | RAHR | Necker Childrens Hospital, Paris | DIPG | Pons | 7.4 | Female | AA | 3 | Biopsy | 4.9 | Died | VAL | H3F3A | wt |
| NCHP_DIPG079 | RIER | Necker Childrens Hospital, Paris | DIPG | Pons | 7.6 | Male | GBM | 4 | Biopsy | 14.1 | Died | VAL | H3F3A | wt |
| NCHP_DIPG083 | SANC | Necker Childrens Hospital, Paris | DIPG | Pons | 11.3 | Female | AA | 3 | Biopsy | 14.2 | Died | VAL | H3F3A | wt |
| NCHP_DIPG115 | GREL | Necker Childrens Hospital, Paris | DIPG | Pons | 1.7 | Male | LGA | 2 | Biopsy | 58.0 | Died | VAL | H3F3A | wt |
| NCHP_DIPG116 | HUPN | Necker Childrens Hospital, Paris | DIPG | Pons | 4.4 | Male | AOA | 3 | Biopsy | 10.0 | Died | VAL | wt | wt |
| NCHP_DIPG117 | OWGC | Necker Childrens Hospital, Paris | DIPG | Pons | 5.0 | Male | AA | 3 | Biopsy | 11.9 | Died | VAL | HIST1H3B | wt |

Supplementary Table 2 – *Description of samples used in this study.* Clinicopathological annotation of the 26 DIPG cases profiled by whole genome or exome sequencing in this study, as well as those used in the validation cohort. DIPG: diffuse intrinsic pontine glioma; GBM: glioblastoma multiforme; AA: anaplastic astrocytoma; AOA: anaplastic oligoastrocytoma; LGA: low grade astrocytoma. WGS: whole genome sequencing; WES: whole exome sequencing; VAL: validation.

| Cell line ID | Originator | Clinical diagnosis | Location | Age (yrs) | Sex | Histology | WHO | Source | Survival (months) | Outcome | Histone H3 | ACVR1 |
|--------------|--|--------------------|----------|-----------|--------|-----------|-----|---------|-------------------|---------|------------|-------|
| CHRU-TC68 | Centre Hospitalier Régional Universitaire, Strasbourg | DIPG | Pons | 9.8 | Female | AA | 3 | Biopsy | 7.0 | Alive | H3F3A | wt |
| HSJD-DIPG007 | Hospital Sant Joan de Déu, Barcelona | DIPG | Pons | 9.9 | Male | GBM | 4 | Biopsy | 0.9 | Died | H3F3A | R206H |
| QCTB-R059 | Queensland Children's Medical Research Institute, Brisbane | GBM | Thalamus | 10.4 | Female | GBM | 4 | Surgery | 0.9 | Died | H3F3A | wt |
| SU-DIPG-IV | Stanford University, California | DIPG | Pons | 3.0 | Female | GBM | 4 | Autopsy | 8.0 | Died | HIST1H3B | G328V |
| SU-DIPG-VI | Stanford University, California | DIPG | Pons | 7.0 | Female | GBM | 4 | Autopsy | 6.0 | Died | H3F3A | wt |

Supplementary Table 3 – Details of primary cell cultures used. Clinical and molecular data relating to the four DIPG and one H3F3A K27M mutant thalamic paediatric GBM cell cultures used for preclinical and mechanistic studies. DIPG: diffuse intrinsic pontine glioma; GBM: glioblastoma multiforme; AA: anaplastic astrocytoma.

| Name | Forward | Reverse |
|--------------------------|--------------------------|--------------------------|
| H3F3A | GATTTTGGGTAGACGTAATCTTCA | TTTCCTGTTATCCATCTTTTTGTT |
| HIST1H3B | GGGCAGGAGCCTCTCTTAAT | ACCAAGTAGGCCTCACAAGC |
| ACVR1 exon 6 | GATTGCTGCCCTTCATGTG | AAAAGCAGATTTTCCAAGTTCC |
| ACVR1 exon 7 | TAATGATGGGCTGGCTGC | AAAACGGAGAGAGCAAAGGC |
| ACVR1 exon 8 | GATGACATTTACTGTGTAGGTCGC | GATGCAACTCACCTAACCATTG |
| ACVR1 exon 9 | TGGTTTAAAATCCTTCAGCAGC | TTTTAAAGGTAGCTGGATCAAGAG |
| ACVR1 exon 8 mRNA | TCAGGAAGTGGCTCTGGTCT | CAAGTCCAAAGGCCCAAATA |

Supplementary Table 4 – *PCR primers used*. Sequences are given for PCR amplification of H3F3A, HIST1H3B and ACVR1 from genomic DNA for mutation detection, and ACVR1 from mRNA to determine allele-specific expression of the mutant.